## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE AMENDMENT TRANSMITTAL LETTER

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on January 29, 2007.


Applicant : Woodrow W. Pearce
Application No. : 09/995,483
Filed : November 28, 2001
Title : VENTING CAP
Grp./Div. : 3781
Examiner : Robin Annette Hylton
Docket No. : 45955/I351
Commissioner for Patents
P.O. Box 1450

Alexandria, VA 22313-1450
Confirmation No. 2251

Post Office Box 7068
Pasadena, CA 91109-7068
January 29, 2007

Commissioner:
Enclosed is an amendment to the above-identified application.

| CLAIMS AS AMENDED |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Claims <br> Remaining <br> After <br> Amendment | Highest <br> Number <br> Paid For | Number <br> Extra <br> Claims | $\underset{\text { Rate }}{\text { Small Entity }}$ | $\underset{\text { Rate }}{\text { Large Entity }}$ | FEE |
| Total Claims Fee | 42 | *76 | 0 | 0x\$25.00 | x $\$ 50.00$ | 0.00 |
| Independent Claims | 17 | ** 28 | 0 | $0 \times \$ 100.00$ | x \$200.00 | 0.00 |
| Multiple Dependent Claims *** |  |  |  | \$180.00 | \$360.00 | 0.00 |
| TOTAL FILING FEE |  |  |  |  |  | 0.00 |
| NO ADDITIONAL <br> FEE REQUIRED | IF NO FEE REQUIRED, INSERT "0" |  |  |  |  | 0.00 |
| LIST INDEPENDENT CLAIMS: $1,8,10,11,14,18,22,24,26,27,29,31,32,33,34,35,37$ |  |  |  |  |  |  |
| * IF HIGHEST NUMBER PREVIOUSLY PAID FOR IS 20 OR LESS, WRITE " 20 " IN COLUMN 3 <br> ** IF HIGHEST NUMBER PREVIOUSLY PAID FOR IS 3 OR LESS, WRITE "3" IN COLUMN 3 <br> *** PAY THIS FEE ONLY WHEN MULTIPLE DEPENDENT CLAIMS ARE ADDED FOR THE FIRST TIME |  |  |  |  |  |  |

## Amendment Transmittal Letter

Application No. 09/995,483

X A Petition for Extension of Time and the required fee are enclosed.
Attached is our check for \$ to pay the fees calculated above. Other enclosures:

The Commissioner is hereby authorized to charge any fees under 37 CFR 1.16 and 1.17 which may be required by or to give effect to this paper to Deposit Account No. 03-1728. Please show our docket number with any charge or credit to our Deposit Account. A copy of this letter is enclosed.

$\mathrm{CM} / \mathrm{scc}$

